

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??:

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title::

AN IMMUNOTOXIN (mAB-RICIN) FOR THE
TREATMENT OF FOCAL MOVEMENT
DISORDERS

Attorney Docket Number::

015280-287120US

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

1

Total Drawing Sheets::

2

Small Entity?::

No

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

No

10005512-110701

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jonathan
Middle Name:: S.
Family Name:: Hott
Name Suffix::
City of Residence:: Birmingham
State or Province of Residence:: MI
Country of Residence:: US
Street of Mailing Address:: 1845 Yosemite, Apt. #16
City of Mailing Address:: Birmingham
State or Province of mailing address:: MI
Country of mailing address::
Postal or Zip Code of mailing address:: 48009

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Richard
Middle Name:: J.
Family Name:: Youle
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 10670 Weymouth Street
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 20814

10005512 10701

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name::
Family Name:: Hallett
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 5147 Westbard Avenue
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 20816

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Marinos
Middle Name:: C.
Family Name:: Dalakas
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 9301 Reach Road
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 20854

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	31,677	Kenneth A. Weber
Associate	30,617	Guy W. Chambers

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/418,854	10/15/99
	Continuation of	08/937,266	09/15/97
	Non-Provisional of	60/027,458	09/19/96

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::	The Government of the United States of America as represented by the Secretary of the Department of Health and Human Services
Street of mailing address::	6011 Executive Boulevard Suite 325
City of mailing address::	Rockville
State or Province of mailing address::	Maryland
Country of mailing address::	U.S.
Postal or Zip Code of mailing address::	20852